# CPC C PAGLAR & CO

ADVOCATES & SOLICITORS
UEN NO. 53130985A GST REG NO. M90371275E

50 Chin Swee Road #05-03 Thong Chai Building Singapore 169874

Telephone: (65) 6536 5456
Facsimile: (65) 6536 8706

Email: pri@cpaglar.com.sg
service of court documents by facsimile
will not be accepted

PLEASE QUOTE OUR FILE REFERENCE WHEN REPLYING

Your Reference:

SMC 8456X

Our Reference:

CP/PRI/SFH2588/21- sf

Date:

7th June 2021

To:

M/S AIG ASIA PACIFIC INSURANCE PTE LTD

By Email

ATTN: MOTOR CLAIMS DEPT

Dear Sirs,

NOTICE OF ROAD TRAFFIC ACCIDENT ON ROAD TRAFFIC ACCIDENT ON 27<sup>TH</sup> MAY 2021 INVOLVING MOTOR VEHICLE NO. <u>SFH 2588U</u> AND SMC 8456X ALONG PIE EXIT PAYA LEBAR ROAD AT ABOUT 1315 HOURS. PURSUANT TO PARAGRAPH 2.2 OF THE PRE-ACTION PROTOCOL FOR NIMA CASES

We are instructed by Low Hong Seng to notify you of a road traffic on 27th May 2021 at about 1315 hours along PIE Exit Paya Lebar Road involving our client's vehicle registration number SFH 2588U and vehicle registration number SMC 8456X driven by your insured/ insured driver. A copy of the Singapore accident statement report filed is enclosed.

As a result of the accident, our client's vehicle has been damaged. Before our client proceeds to repair the damaged vehicle, please let us know within 2 working days of your receipt of this notice whether you would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, our client shall proceed to repair the vehicle without further reference to you.

## PLEASE REPLY BY EMAIL ONLY: pri@cpaglar.com.sg

### DO NOT REPLY BY FAX.

Yours faithfully,

C PAGLAR & CO.

Enc.

CC.

[Client by Fax: 6747 - 2373] - (SFH 2588U)

SS1Y21630004 / SME MOTOR PTE LTD ENTRY DATE & TIME: 03/06/2021 14:19 (SGT) SUBMITTED BY: Wen Ying VERSION: 1 (03/06/2021 14:19 (SGT))

# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.

  4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

5. Any false reporting may be referred to the Police for investigation.

- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

#### **ACCIDENT STATEMENT**

Date of Submission 03/06/2021 14:19 (SGT) Date of Accident 27/05/2021 13:15 (SGT) **Exact Location of Accident** Near 33 Jln Afifi, Singapore 409180 Additional Location Information PIE EXIT PAYA LEBAR ROAD. Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Private use

No - Claiming third party

Vehicle Registration Number SFH2588U

INSURED/POLICYHOLDER

Is company? No

Name Of Registered Owner LOW HONG SENG NRIC No. SXXXX804A

**Email Address** randylow@starlike.com.sg Mobile Phone No (Phone) +65-93880003

Alternative Phone No +65-93880003

VEHICLE PARTICULARS

Manufacturer Volvo Model Xc60 Variant

Exact purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category Private car Transmission Auto CC 1969

INSURANCE COMPANY

Name of Insurance Company ERGO Insurance Pte. Ltd. Type of Coverage Comprehensive

Fleet Policy No

Policy Number DMPG21004176 Cover Note Number

DRIVER

Name of Driver LOW HONG SENG NRIC No SXXXX804A

Date Of Birth 04/01/1970 Occupation Indoor **Date Of Driving Pass** 

27/03/1996 Driving experience 25 YEARS AND 2 MONTHS

Gender Male

Mobile Number (Phone) +65-93880003 Alt. Phone Number +65-93880003

**Email Address** randylow@starlike.com.sg Address 9 GEYLANG EAST AVE 1 #15-11

Address complement

Postcode 389783 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles? No

Vehicle Registration Number of Other Vehicle Owned by Driver

Insurance Company of Other Vehicle Owned by Driver

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Collision - Head to Rear

Weather Conditions Clear Road Surface Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 2 Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged? Yes Number of Passengers (Including Driver) 1

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

No

DETAILS OF POLICE ACTION

Was the accident reported to the police? No Was notice of intended Prosecution given? No If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

I WAS DRIVING ALONG PIE TOWARDS PAYA LEBAR ROAD. STOPPED AT THE DOTTED WHITE LINE LOOK OUT OF TRAFFIC. OUT OF SUDDEN, VEHICLE B SMC8456X DID NOT STOP AND HIT ONTO MY VEHICLE REAR PORTION.

ATTACHMENT(S)

Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes

Reasons for not uploading a video of the accident WITH OWNER

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

No

Vehicle Registration Number SMC8456X

Vehicle Manufacturer Vehicle Model Vehicle Variant

Vehicle Colour

Vehicle Category Private car

Name of Driver Contact Number

Address	_
Address complement	_
Postcode	_
Insurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	2

#### SKETCH PLAN

#### MPORTANT NOTICE

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- 5. Any false reporting may be referred to the Police for investigation.
- 5. The report will be form arded by the insurers of the GIA Records Management Centre established by the Ganeral Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made as allable upon application by interested parties.
- 7. By the ladgement of this report to the disurers, you hereby consent to the archiving of this report at the centre and to copies of the
- 8. Consent under the Personal Opta Protection Act (PDSA)
- funderstand, acknowledge, agree and consent that:
- (a) My insurer , my workshop and the General insurance Association of Singapore ("GIA") may/are cermitled to collect, use, disclose and or process my personal data/personal information set out in this iform) and any other personal information provided by major possessed by my insurer (collectively the Porsional Information") and deplose and transfer such Forsonal (Vormation to all insurer(a) who have insured vehicle(s) involved in this accident (at insurerts) who have insured vehicle(s) involved in this accident shall be cofectively referred to as the "Insurers"), the heurers' law yers law firms, the Monetary Authority of Singapore and any relevant government agency authority (such as the police), for the purposers) of :
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to
- (ii) hivestigating the accident and/or my clama;
- (iii) carrying out and/or desting with my instructions or responding to any enquiries by me;

PIZ

- (iv) administering my claims (including the nailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about maito bring about delivery of the same as well as on the external cover of envelopes imail packages); and/or
- $\langle v \rangle$  complying with applicable law in administering, processing, handling and/or dealing with my plains, (collectively the "Purposes")
- (b) all insurer(s) who have insured vahicle(s) involved in this accident and the Insurers' law yers/lew firms, may are permitted to collect use displace and/or process my Parsonal Information for one or more of the above Purposes; and
- c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or opents (including their law yers law firms), which may be siled outside of Singapore, for one or more of the above Purposes.

Poloyholder's Signature / Date &

Time

Onliver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

BSFH 2588 Y BSMC 8456X

UniMotor

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Folicyholder's Signature / Date & Titre

Oriver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centra Personnal